

CalOMS Field Readiness Region Meeting – November 4, 2003 Meeting Notes

Attendees

The following table lists the participants in the CalOMS Field Readiness regional meeting of November 4, 2003.

County/Direct Provider/ADP	Representatives	
Los Angeles County	Patrick Ogawa Richard Lugo	Leo Busa David Hoang
Los Angeles County Provider	Behavioral Health Services – Teri Cannon	Tarzana Treatment Centers – Jim Sorg
Orange County	Mary Hale Bradley Hovda	Marcia Desrosiers
Riverside County	Barbara Simpson Lara Frank Lewis	Maria Lozano Robert Porras
San Bernardino County	Keith Harris, Ph.D.	Peter Young
San Diego County	Sidney Bradley	Jerald Coleman
Ventura County	Rosie Craig	Wendy Walters
Los Angeles Health Service Eastside Health Services	Pauline Bahat	
UCLA	Desiree' Crevecoevre	
ADP	George Lembi Craig Chaffee Susan King	Marjorie McKisson Jon Meltzer
MRC	Laurie Thornton Robin Madsen	Chuck Czajkowski

Opening and Introductions

Roles Clarification – Madsen Rayner Consulting (MRC) was hired by ADP for the Field Readiness portion of the CalOMS project. MRC staff facilitated the meeting, presented information on the Field Readiness project (deliverables and timeframes), led the discussion on issues and concerns, and clarified any questions about the field readiness survey. ADP staff attended the meeting to present information on the CalOMS requirements, answer questions, and to listen to the issues and concerns from counties and direct providers.

Laurie Thornton (MRC facilitator) noted the different venues for collecting feedback – survey, regional meetings, and follow-up conference calls. If someone was not able to attend the meeting today, he or she could be included in the upcoming survey conference calls.

**CalOMS Field Readiness
Region Meeting – November 4, 2003
Meeting Notes**

Field Readiness Presentation and Questions

The presentation has two focuses: 1) an overview of the CalOMS requirements and 2) the Field Readiness project deliverables and timeframes, including expectations on county and direct provider involvement.

ADP is currently at the end of the requirements phase for CalOMS and beginning the field readiness assessment. Data collection for CalOMS begins in October, 2004.

CalOMS Requirements (Treatment)

It is a key long-term goal of both ADP and CAADPAC to collect outcomes data. CalOMS model is for counties to work with treatment providers to collect CalOMS data. Counties will send data electronically to ADP. ADP, through CalOMS, will provide data back to counties as extracts and reports.

ADP reviewed the four major points in time for data collection: Admission, Discharge, Post Admission, and Follow-up. ADP reviewed each of the data categories (i.e. PPG, CADDs, UCI, etc.) and the 9-month follow-up sampling methodology.

Question (Q), Answers (A) and Comments(C):

Q: What is driving the 10/04 date?

A: *Federal PPG reporting requirements.*

Q: When is prevention data going to be incorporated? Is it the intention to collect prevention data in CalOMS?

A: *For this phase, only Treatment is covered. ADP is working to get more information from the federal government to understand what is being required for Prevention. More will be coming on prevention data in the future (estimated in late 2003/early 2004).*

Q: Are counties responsible for follow-up?

A: *Yes, counties are responsible for follow-ups.*

Q: Will all ASI questions be covered in follow-up?

A: *Essentially, but timeframes on some questions will differ.*

Q: Can county determine how to follow-up on 25%? Send sample to providers?

A: *Yes.*

Q: Is the same form used in each stage of the data collection process? Are the questions the same for each dataset?

**CalOMS Field Readiness
Region Meeting – November 4, 2003
Meeting Notes**

A: *Yes. Generally, the questions from the various timeframes are a subset of the whole.*

Q: Is there a single instrument that can be used to gather CADDs, UCI, ASI Lite data?

A: *Each county will determine how best to gather the information. One of the Field Readiness toolkit items could be a consolidated instrument. Please make this suggestion to ADP, if your county believes it has merit.*

Q: Is there much cross-over between instruments?

A: *There is some cross-over in questions, but duplicate questions from the various instruments have been eliminated.*

Q: If PPG requirements are driving the 10/2004 date, and the timeline for the data collection is so tight, is there a possibility for phasing in the CalOMS data gathering requirements and still meeting the limited Federal data requirements?

A: *This is a follow-up item for ADP.*

Q: What are providers going to fill out?

A: *This is up to the individual counties to determine.*

Q: Why do we want to do a follow-up?

A: *To gather outcomes information for treatment clients to demonstrate the effectiveness and cost offset of treatment.*

Q: Will knowledge of follow-up sample impact treatment plan? (Bias concern). Is there anyway to avoid this? Can providers send ADP a list?

A: *ADP has considered the bias issue, but determined that it was more important to get information to the counties for follow-up early so that locator information could be obtained for clients. At the earliest, the sample will be sent a couple of weeks after admission.*

Q: Is there going to be a control group to address bias concern?

A: *No. See answer to previous question.*

Q: Why was 9 months after admission selected as point-in-time collection?

A: *ADP reviewed various options, including previous studies and scientific literature in light of the typical length of stay for treatment clients, before making this decision.*

Q: Has anyone tried collecting all this data to know how much time it takes?

A: *Riverside County indicated that intake went from 1 hour to 2.5 hours with the CalTOP data requirements. Orange County agreed with this assessment.*

**CalOMS Field Readiness
Region Meeting – November 4, 2003
Meeting Notes**

Q: How will providers get paid for an intake process that requires more than one hour?

A: *Riverside County indicated that they spread the intake process over several days. This addressed some Medi-Cal billing issues.*

Q: Does locator form include informed consent process?

A: *A boilerplate informed consent form could be a part of the field readiness toolkit. Please make this request, if this makes sense for your county.*

Q: Why is ADP doing an IRB (Institutional Review Board) review?

A: *This is the standard process for the State with human subjects.*

Q: Would ADP consider doing a video similar to CalTOP video?

A: *Again, this could be a toolkit item. Please make the request.*

Q: Are counties only required to collect data on an additional 26 questions by 10/04?

A: *No. The 10/04 data collection due date is for all admission, discharge, post admission and follow-up data.*

Q: Is ADP going to provide software to counties to gather data?

A: *Counties will be responsible for providing the software for their county. As part of the Readiness Toolkit, CalTOP will be packaged and made available for customization at the county level.*

Q: Is ADP going to provide layout specifications to counties for automated reporting purposes?

A: *ADP hopes to have data layout in middle of February 2004.*

Q: Does ADP have staff to contact ITWS staff at DMH regarding system access?

A: *Susan King will contact DMH to address the access issues raised by Los Angeles County.*

Q: Will ongoing support be provided for the toolkit version of CalTOP?

A: *No.*

Q: Could state take ownership of the toolkit version of CalTOP?

A: *That is not the approach for CalOMS.*

Q: What will be done for adolescents? 'Administrative discharge' needs clarification.

A: *No, CalOMS will exclude adolescents. 'Administrative discharge' clarification is a follow-up item for ADP.*

**CalOMS Field Readiness
Region Meeting – November 4, 2003
Meeting Notes**

Q: What are the reporting requirements for adolescents if CADDs is being eliminated?

A: *This is an ADP follow-up item.*

Q: Follow-up – can it be done by phone call?

A: *Yes, in person or by phone is acceptable.*

Identify top issues and concerns

The following issues were raised by meeting participants:

- Funding available for staffing, system development, etc.
 - Treatment ability will be impacted; fewer clients will be treated;
 - This bumps up against contract requirements with providers;
 - Quality of care/access/capacity issues are of concern;
 - Further cuts might drive some providers out of business;
 - Funding sources – what are appropriate to use for CalOMS?
- What mechanisms are counties to use to fund D/MC providers?
 - Funding limited to time specific intake process;
 - Any funding that is ‘time boxed’ will be impacted.
- No financial incentives in CalOMS will also impact ability/success of follow-ups.
- Financial assistance for ongoing technical support (e.g. version control, etc.) will need to be considered.
- Non-centralized approach will increase cost to counties.
- Non-standard version for data collection purposes is a concern (ASI tool).
- Core outcome measures are not clear, neither are how they relate or how they are linked;
- Need to identify additional questions that will be asked;
- ADP needs to identify specific outcome indicators;
- Assessments will be very difficult for staff to gather thorough responses (staff training concerns);
- Timeline concerns

**CalOMS Field Readiness
Region Meeting – November 4, 2003
Meeting Notes**

- Technical: consortium (ECHO counties) are currently in the process of issuing RFP (01/2004) – CalOMS needs should be incorporated. If so, 10/2004 timeline is not do-able.
 - Prevention not addressed – how can this be implemented?
- Programming assistance to counties will not be provided (to enhance existing systems).
- ‘Program’ training offered on a one time basis only. Does not address need for ongoing training.
- Administration change (at state level) introduces unknowns. Counties may delay action because direction may become unclear as a result.
- Craig Chaffee and George Lembi are understaffed to support CalOMS.
- Are providers getting their needs met? Will reports be available to providers – they put time into gathering it but not get output.
- Will CalOMS reports address D/MC utilization? Will they aid in D/MC audit requirements?
- Funding is an issue on an ongoing basis not just at start-up.
- Current FY implementation impacts may need to go back to Board of Supervisors. (FY Timeline in question, difficult for county project budgeting)? Will cause local political issues.
- When will quality data be provided? What are the plans to test the quality of data gathered/reported? (Concern over baseline data).
- Will there be enough time for counties to develop new contract language (with providers) – will this be available? Concern about getting it through the system.
- Is there information on multiple treatment episodes and treatment effectiveness with certain groups? No service data being gathered will make it difficult to compare outcomes.
- Follow-up reliability with addicts in question;
- Budget impact – need to know requirements to budget appropriately; prepare for the next FY from a budget and contractual perspective.
- Should focus be on retention rather than follow-up?
- 10% requirement – what are the ramifications if not met?
- Follow-up concerns – If there is not a captive audience it is difficult to gather data. No incentive.
- Inconsistent data values/data sets exist across systems. Difficult to draw data out of those systems.

**CalOMS Field Readiness
Region Meeting – November 4, 2003
Meeting Notes**

- Need to demystify follow-up requirements. Clarification needed from ADP. ADP should provide simple information such as FAQ summary.
- FAQs needed:
 - Detox included?
 - Informed consent?
 - Follow-up
 - Client locator
 - ASI version
 - Sampling process
 - HIPAA security
- Difficult for small direct providers to be able to respond and implement within prescribed time-frames along with other demands.
- Data integrity concerns due to length of instrument/process;
- Provider concerns include:
 - System enhancements are currently in process – will need to do again;
 - File structure concerns;
 - Both equate to financial impact;
- Is there a contingency plan for PPG? CalOMS?

Field Readiness Project

MRC reviewed the Field Readiness project, deliverables and timeframes. All counties and direct providers are being surveyed. After ADP's receipt of the surveys, MRC will have a follow-up conference call to confirm and clarify any survey questions. MRC will gather feedback, analyze and compile the data into individual field readiness assessment reports, as well as an overall report. In addition to the field readiness assessment reports, MRC will develop toolkit items to be provided to counties and direct providers. Additional toolkit ideas are needed from counties. Early in 2004 MRC will work with counties and direct providers to prepare individual county plans for the implementation of CalOMS.

Survey Overview

The survey is a self-assessment instrument. One survey should be completed by each county and/or direct provider. MRC hopes that the survey will prompt counties to start thinking about and planning for the CalOMS implementation.

**CalOMS Field Readiness
Region Meeting – November 4, 2003
Meeting Notes**

Completed surveys are due to ADP on November 12, 2003 (one week after regional meeting).

Survey Discussion – Questions and Answers

Q: Where in the survey are the Implementation costs entered? Ongoing operation costs?

A: *Implementation costs are in question 6 and 7. Ongoing operational costs are not requested in the survey.*

Q: What is included when calculating costs? Staff salaries, equipment, utilities, etc.?

A: *All related costs.*

Q: What to do if answer too large to fit in provided space?

A: *Feel free to attach additional documentation, as long as it is clear which question is being extended.*

Wrap-up

- Surveys are due one week from today.
- MRC requested participants to confirm upcoming conference call times.
- MRC will distribute meeting notes back to participants.
- January 2004 – compiled field readiness data (survey and discussion results) will be shared at the CAADPAC quarterly meeting in January 2004.

Follow-up Items for ADP

- Counties requested clarification on ‘Administrative Discharge’;
- Counties requested ADP to demystify follow-up requirements. Clarification needed from ADP.
- Counties requested FAQ sheets from ADP (topics listed in *Identify top Issues and Concerns* above);
- Is there a possibility for phasing in the CalOMS data gathering requirements and still meeting the limited federal data requirements? ADP will follow-up on this question.
- What are the reporting requirements for adolescents since CADDs is being eliminated? ADP will follow-up on this question.
- Counties requested that ADP identify specific outcome indicators from CalOMS.
- Will ADP be preparing a contingency plan for PPG and/or CalOMS?
- Counties requested clarification on funding sources for CalOMS.
- ADP will contact DMH (ITWS) on the access issues raised by Los Angeles County.